

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/29/2013
FORM APPROVED
OMB NO. 0938-0391

45th 10/12/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445457	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/27/2013
NAME OF PROVIDER OR SUPPLIER EAST TENNESSEE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 485 ISBILL RD MADISONVILLE, TN 37354		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 045 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide egress lighting at all exit discharges from the building.</p> <p>The findings include:</p> <p>Observation on August 27, 2013 at 12:00 p.m. revealed the exit discharge from the 100 hall does not have egress lighting on emergency power continuously to the public way.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on August 27, 2013.</p>	K 045	<p>K045 NFPA 101 Life Safety Code Requirement:</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness.</p> <ol style="list-style-type: none"> 1. The exit discharge from the 100 hall was equipped with two double flood lights with dusk to dawn sensor on 9/9/2013 by Maintenance Assistant. 2. All exit areas were audited on 8/28/2013 for proper illumination of egress by Maintenance Director and Maintenance Assistant. 3. Maintenance Assistant and Supervisor in-serviced by Administrator on 8/28/2013 to audit areas for proper illumination of egress during daily rounds. 4. Maintenance Assistant and Supervisor will report audit findings daily M-F in Morning QA and Quarterly in Quality Assurance Meeting. 		
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to keep sprinkler heads free from corrosion or foreign material.</p>	K 062		Completed By: 09/20/2013	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 062	Continued From page 1 The findings include: Observation on August 27, 2013 from 10:30 a.m. and 1:30 p.m. revealed the following locations has sprinkler heads that are corroded, tarnished, or has foreign material on the sprinkler heads: 1. Facility is not documenting all required quarterly maintenance for the automatic sprinkler system. 2. Mixed sprinkler heads in the 100 and 200 corridors have quick response and standard response sprinkler heads. 3. Washing room in the laundry department has corroded/tarnished sprinkler head. 4. Resident room 212 has corroded/tarnished sprinkler heads. 5. Men's central bath has painted sprinkler head. 6. Beauty shop has corroded/tarnished sprinkler head. 7. Room 104 has painted sprinkler head in the closet. 8. Resident room 123 has corroded/tarnished sprinkler heads. 9. All dining room sprinkler heads are corroded/tarnished. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on August 27, 2013. NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 082	K062 NFPA 101 Life Safety Code Standard <u>Requirement:</u> Required automatic sprinkler systems are continuously maintained and tested periodically. 1. A. Facility Maintenance Assistant completed quarterly maintenance check for the automatic sprinkler system on 9/10/13. B. Items 2-9 - Replacement of Sprinkler heads in all identified areas contract agreement with Simplex-Grinnel was initiated with completion planned for replacement of up to 50 sprinkler heads with anticipated completion by October 31, 2013. 2. All sprinkler heads in the facility were audited for corrosion/paint/ tarnish on 8/29/2013 by Maintenance Assistant and Maintenance Supervisor.		
K 067 SS=D		K 067			

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NAME OF PROVIDER OR SUPPLIER EAST TENNESSEE HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 455 ISBILL RD MADISONVILLE, TN 37354		
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K 062	Continued From page 1 The findings include: Observation on August 27, 2013 from 10:30 a.m. and 1:30 p.m. revealed the following locations has sprinkler heads that are corroded, tarnished, or has foreign material on the sprinkler heads: 1. Facility is not documenting all required quarterly maintenance for the automatic sprinkler system. 2. Mixed sprinkler heads in the 100 and 200 corridors have quick response and standard response sprinkler heads. 3. Washing room in the laundry department has corroded/tarnished sprinkler head. 4. Resident room 212 has corroded/tarnished sprinkler heads. 5. Men's central bath has painted sprinkler head. 6. Beauty shop has corroded/tarnished sprinkler head. 7. Room 104 has painted sprinkler head in the closet. 8. Resident room 123 has corroded/tarnished sprinkler heads. 9. All dining room sprinkler heads are corroded/tarnished. These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on August 27, 2013.	K 062	K062 NFPA 101 Life Safety Code 3. Maintenance Supervisor/Assistant was in- served on 8/28/2013 by Administrator to audit all sprinkler heads in the facility for signs of tarnish/corrosion or paint. Maintenance Supervisor/Assistant were in-served on 8/28/2013 by Administrator to complete routine quarterly maintenance check on automatic sprinkler system and to check sprinkler heads during daily rounds for signs of tarnish/corrosion/or paint. 4. Maintenance Assistant/Supervisor will report audit findings daily M-F in Morning Quality Assurance Meeting and Quarterly in Quality Assurance Meeting.		
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	K 067	K067 NFPA 101 Life Safety Code Standard	Completed By: 09/20/2013	

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K 067	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the Heating, Ventilating, and Air Condition system (HVAC). The findings include: Observation on August 27, 2013 at 1:20 p.m. revealed the ceiling radiant fire dampers in the dining room has excessive paint overspray on the fusible links. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on August 27, 2013.	K 067	K067 NFPA 101 Life Safety Code Cont.. <u>Requirement:</u> Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed. 1. The Ceiling radiant fire dampers fusible links in the dining room were replaced on 9/16/2013 by Maintenance Assistant and Maintenance Supervisor. 2. Maintenance Supervisor/Assistant audited all damper fusible links in the facility for signs of excessive paint overspray or corrosion on 8/28/2013. 3. Maintenance Supervisor and Assistant were in-serviced on 8/28/2013 by Administrator to audit all damper fusible links in the facility for signs of tarnish/corrosion or paint. Maintenance Supervisor/Assistant was in- serviced on 8/28/2013 by		

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN6201	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/28/2013
NAME OF PROVIDER OR SUPPLIER EAST TENNESSEE HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 485 ISBILL RD MADISONVILLE, TN 37364		
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			<p>K067 NFPA 101 Life Safety Code Cont...</p> <p>Administrator to check damper fusible links during daily rounds for signs of tarnish/corrosion/or paint.</p> <p>4. Maintenance Assistant/Supervisor will report audit findings daily M-F in Morning Quality Assurance Meeting and Quarterly in Quality Assurance Meeting.</p>	Completed By 09/20/2013

Division of Health Care Facilities

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(X6) DATE